CABINET FOR FAMILIES AND CHILDREN

DEPARTMENT FOR COMMUNITY BASED SERVICES

"An Equal Opportunity Employer M/F/D"

DIVISION OF CHILD SUPPORT

EDUCATION
PAYS

KASES Network Memo No. 52

TO: Staff
           Division of Child Support
           Division of Service Regions
           Child Support Section

           All IV-D Agents

DATE: December 21, 1999

SUBJECT: KASES Procedures for Non-IV-D Cases

The Personal Responsibility and Work Opportunity Reconciliation Act
(PRWORA) amended Section 454B of the Social Security Act to require
each state IV-D agency to establish a state disbursement unit for the
collection and disbursement of child support payments. Kentucky
Revised Statute (KRS) 205.712(4) specifies that the Cabinet for
Families and Children shall establish and operate a state disbursement
unit for the collection, recording, and disbursement of (1) payments
for support orders for all Title IV-D cases, and (2) payments for
support orders for all private (non-IV-D) cases that have a support
order initially issued on or after January 1, 1994, which is subject
to judicially or administratively ordered wage withholding.

Kentucky's state disbursement unit is composed of the following:

- **Centralized Collection Unit (Vendor – TIER Technologies, formerly
  named Service Design Associates)**

  - Receives payments from all payment sources,
  - Identifies payments,
  - Works with payment sources for proper payment remittance, and
  - Uploads payment data daily to the state IV-D agency.

- **Kentucky Automated Support and Enforcement System (KASES)**

  - Transmits orders and notices to income sources,
  - Allocates and distributes child support payments,

children first

- • - Creates the disbursement files for check writing and direct
    deposit, and
  - Monitors for compliance with support orders.

- • **Kentucky State Treasurer**

  - Prints and mails child support checks, and
  - Transmits electronic payment data through the banking system for
    direct deposit into payees' bank accounts.

PRWORA amended Section 454A(e) of the Social Security Act to require
each state IV-D agency to establish a state case registry. KRS
205.712(3) requires the Division of Child Support's automated system
to include a state case registry that contains records for (1) each
case in which services are being provided by the Cabinet for Families
and Children (IV-D), and (2) for each child support order established
or modified in Kentucky on or after October 1, 1998 (non-IV-D).

Information from Kentucky's State Case Registry is transmitted to the
federal Office of Child Support Enforcement to update the Federal Case
Registry, which can be accessed by all states. Consequently,
Kentucky's State Case Registry provides basic information to other
states, and this facilitates interstate case processing and location
efforts.

Attached to this KASES network memo are the procedures for initiating
non-IV-D (NIVD) cases on KASES. These procedures were developed by
Accounting Branch staff and KASES staff. Procedures for the State
Case Registry have been included as well; however, **Location Code 308
has not been added to KASES yet.** Child support staff are not to use
Location Code 308 for State Case Registry cases until they receive
instructions that it has been added to KASES.

A new event, AOC, has been added to KASES. This is a case event which
works like the PUTA event. Child support staff initiate a new case
event and write over SELF with AOC and use the PF9 option from the
event record screen. KASES automatically inputs the following event
description: AOC-151 WAGE WITHHOLD ORDER ENTERED.

Child support staff should note that the AOC-151 mentioned on page one
of the first attachment is an Administrative Office of the Courts
form, the Wage/Benefit Withholding Order for Kentucky Employers. This
form is used for **judicial intrastate** cases. The Order/Notice to
Withhold Income for Child Support (Form CS-89) is used for **all
interstate cases** and for all **administrative intrastate** cases. The

AOC-FC-3, Case Data Information Sheet, is also an Administrative
Office of the Courts form. It is used by the private bar and the
judiciary to record required information for the State Case Registry.
A copy of the AOC-151 and the AOC-FC-3 are attached after the non-IV-D
case procedures for informational purposes.

STEVEN P. VENO, DIRECTOR
DIVISION OF CHILD SUPPORT

Attachments (3)

Cross References: Action Memorandum 98-02 (3/31/98)
                   Action Memorandum 99-02 (2/25/99)
                   Information Release #741 (3/31/98)
                   Information Release #783 (2/25/99)

Retention: Until Superseded

Inquiries: DCS Staff - Supervisors
            Area Office Staff - Area Office Managers
            IV-D Agents - Area Office Managers

SETTING UP THE NIVD CASE ON KASES

Creation of the NIVD case is through the 03 - INITIATE NON-IVD CASE option from the CASE INITIATION MENU. Using this option, instead of the 01 - INITIATE NEW CASE option, automatically defaults the case type to NIVD and allows creation of the case without a child participant. In older orders, the information on the child participant may not be available.

The AOC-151 provides space for the entry of the SSN and DOB for all participants, including the child(ren). Enter this information, if available. If not available, an effort must be made to obtain identifying information, such as SSN and DOB for the participants. Obtaining identifying information will decrease the occurrence of duplicated MPI numbers associated with a participant. SSN and DOB are required for the participant to retrieve information from the IVR system and to identify the payee in case of lost checks.

NIVD cases are exempt from delinquency testing, automated enforcement processes, and all reporting and statistics associated with the contracting official's performance standards.

One IVD number cannot include both open IVD and open NIVD accounts; therefore, the participants are established in a duplicate open case when this circumstance occurs. If an existing case is closed and does not include a collectable in state or out of state agency account balance due (current or arrearage), the existing case can be retained as the NIVD case.

If the IVD account is included in a case with the IVD Type NIVD, the IVD account will _NOT_ go through automated enforcement processing. Conversely, if the NIVD account is included in a case with one of the above IVD Types, the NIVD account _WILL BE_ included in automated enforcement processing. This includes Medicaid cases in which health insurance has been ordered and no other child support action is required by the IVD agency.

```
ASEMCA     300x000              K A S E S
11/20/99   09:18:36          CASE INITIATION MENU

 ------------------------------------------------------------------------


             01 - INITIATE NEW CASE

             02 - UPDATE CASE AND PART. INFO.

             03 - INITIATE NON-IVD CASE





             ENTER NUMBER OF SELECTION  3_
 ------------------------------------------------------------------------

 PF4-SUB MENU      PF1-HELP         PF3-PREV SCREEN    PF12-MAIN MENU
```

RESEARCH THE PARTICIPANT

PARTICIPANTS' MPI numbers are not duplicated. Financial activity must be maintained for each participant under one MPI number. If a duplicate MPI is discovered, the duplicate MPI number(s) must be inactivated through the 07 - SUPERVISOR FUNCTIONS Menu. Generally, the MPI number with the more detailed financial activity (posting/allocation and distribution/ disbursement transactions) should be retained. Note: The MPI# retained as active must be attached to all of the participant's cases.

VALUES FOR PARTICIPANT INFORMATION

With older orders and incomplete AOC-151 Wage Withholding Orders, the participant information may not be available. **Below are the field values for unavailable information.**

- ❖ SEX – U
- ❖ RACE – UN
- ❖ FAMILY VIOLENCE – V, for Client participant and children. P, for the Absent Parent participant. The AOC-151 has a place for this information.
- ❖ DATE ADDRESS VERIFIED – Use order date, if the order is the source of information
- ❖ WHERE OBTAINED – VAOC, if using the AOC-151 Wage Withholding Order.
- ❖ ADDRESS TYPE – MAIL, if updating an existing MPI. MAIL is the default for addresses for new participants.
- ❖ LEGAL STATUS – L, if using the AOC-151 Wage Withholding Order and information is not available.
- ❖ HAS CHILD EVER BEEN MARRIED OR OTHERWISE EMANCIPATED – N

```
ASEC2A     300x000              K A S E S
11/20/99  09:21:18        CREATE PARTICIPANT ENTRY
PARTICIPANT NAME NIVD_____ CLIENT_____ _ ___
MAIDEN NAME          _____  _____ _
SOCIAL SECURITY NUMBER  _____      DATE CREATED     11/20/1999

DATE  OF BIRTH  _____    AGE       SEX  U    RACE  UN   MARITAL  _
CITY  OF BIRTH  _____               EMANCIPATION AGE __
CNTY OF BIRTH _____ ST __ EMANCIPATION DATE _____
FAMILY VIOLENCE  _                       DATE OF DEATH     _____
                                         EARNED    INCOME  _____
                                         UNEARNED  INCOME  _____
              LIC STATUS IND N           OTHER RESOURCES   _____
CRA ACCTSTAT __   SP CMNTS __   EFT           INS IND
ADDRESS   STREET1 ADDRESS MUST BE _____   APT #
          STREET2 KNOWN FOR THE_____
          CITY    NIVD CLIENT_____   STATE  KY   ZIP CODE  40000 ____
          PHONE    ___ . ____   FOREIGN IND N  ALTERNATE PHONE ___ ___ ____
DATE ADDR VERIFY  _____    WHERE OBTAINED VAOC
MPI LAST UPDATED 11/20/1999  09:21:18 WORKER NUMBER 300x000  NOTES N
-----------------------------------------------------------------------

PF2-ALIAS NAME    PF5-NOTES PROCESS  PF9-ENT/UPD PART.  PF10-EMPLOYMENT
PF11-ADD MED INS
```

```
ASEC2A    300x000                K A S E S
11/20/99  09:29:29         CREATE PARTICIPANT ENTRY
PARTICIPANT NAME NIVD_____ ABSENT PARENT__ _ ___
MAIDEN NAME          _____  _____  _
SOCIAL SECURITY NUMBER  _____        DATE CREATED     11/20/1999

DATE  OF BIRTH  _____   AGE         SEX  U    RACE  UN    MARITAL  _
CITY  OF BIRTH  _____           EMANCIPATION AGE  __
CNTY OF BIRTH  _____ ST __  EMANCIPATION DATE _____
FAMILY VIOLENCE  _                       DATE OF DEATH    _____
                                         EARNED  INCOME   _____
                                         UNEARNED INCOME  _____
               LIC STATUS IND N          OTHER RESOURCES  _____
CRA ACCTSTAT __  SP CMNTS __  EFT                 INS IND
ADDRESS  STREET1 INPUT AP _____    APT #
         STREET2 ADDRESS IF_____
         CITY    KNOWN_____  STATE  KY    ZIP CODE  40000 ____
         PHONE   ___ ___ ___   FOREIGN IND N  ALTERNATE PHONE ___ ___ ____
DATE ADDR VERIFY _____  WHERE OBTAINED VAOC
MPI LAST UPDATED 11/20/1999  09:29:29 WORKER NUMBER 300x000  NOTES N
------------------------------------------------------------------------

PF2-ALIAS NAME    PF5-NOTES PROCESS  PF9-ENT/UPD PART.  PF10-EMPLOYMENT
PF11-ADD MED INS
```

```
ASEPT1    300x000                K A S E S
11/20/99  09:33:58         CREATE CHILD PARTICIPANT ENTRY
PARTICIPANT NAME NIVD_____ CHILD_____ _ __
SOCIAL SECURITY NUMBER  _____  DATE CREATED 11/20/1999
DATE OF BIRTH _____ AGE    SEX U RACE UN EMANCIPATION AGE  __
CITY OF BIRTH  _____           EMANCIPATION DATE _____
CNTY OF BIRTH  _____ ST __  DATE OF DEATH _____
LEGAL STATUS L  PAT DISP ____
PAT START DATE _____  PAT EST/END DATE _____
   IS FATHER'S NAME ON THE BIRTH CERTIFICATE?
   COPY OF BIRTH CERTIFICATE BEING SENT?
DATE CONCEIVED _____    CNTY CONCEIVED _____ ST __
FAMILY VIOLENCE  _


HAS CHILD EVER BEEN MARRIED OR OTHERWISE EMANCIPATED?   n
GENETIC TEST INDICATOR N


MPI LAST UPDATED 11/20/1999  09:33:58 WORKER NUMBER  300x000  NOTES N
------------------------------------------------------------------------

PF2-ALIAS NAME    PF5-NOTES PROCESS  PF9-ENT/UPD PART.  PF15-GENETIC TEST
```

3

❖ RELATIONSHIP TO CASE – OTHR, for Client participant. UNKN, for Absent parent participant. KASES will not allow for multiple use of values for this field.

```
ASEC8A     300x000                K A S E S
11/20/99  09:23:00        UPDATE PARTICIPANT TYPE
AP NAME                                 MPI #           IV-D #
CL NAME                                 MPI #           WRKR #

  PARTICIPANT NAME    NIVD            CLIENT
------------------------------- PARTICIPANT IDENTIFICATION -----------------
                                      |  MPI #                    \
  PARTICIPANT TYPE      CLI_          |  SSN
  RELATION TO CASE      OTHR          |  SEX   U        RACE    UN
  PARTICIPANT STATUS    A             |  BIRTHDATE

----   PARTICIPANT MAILING ADDRESS  -----------|-----------------------------

  STREET 1   ADDRESS MUST BE         |
  STREET 2   KNOWN FOR THE           |
  APT #                              |
  CITY       NIVD CLIENT        ST  KY|
  ZIP CODE   40000        PHONE       |

  ----------------------------------------------------------------------
  ----------------------------------------------------------------------

 PF2-AFDC DATA          PF6-FC DATA            PF9-UPDATE CASE
```

```
ASEC8A     300x000                K A S E S
11/20/99  09:30:50        UPDATE PARTICIPANT TYPE
AP NAME                                 MPI #           IV-D #
CL NAME    NIVD          CLIENT    MPI # 0002419250  WRKR #

  PARTICIPANT NAME    NIVD          ABSENT PARENT
------------------------------- PARTICIPANT IDENTIFICATION -----------------
                                      |  MPI #    ~~~~           \
  PARTICIPANT TYPE      AP_           |  SSN
  RELATION TO CASE      UNKN          |  SEX   U        RACE    UN
  PARTICIPANT STATUS    A             |  BIRTHDATE

----   PARTICIPANT MAILING ADDRESS  -----------|-----------------------------

  STREET 1   INPUT AP                |
  STREET 2   ADDRESS IF              |
  APT #                              |
  CITY       KNOWN              ST  KY|
  ZIP CODE   40000        PHONE       |

  ----------------------------------------------------------------------
  ----------------------------------------------------------------------

 PF2-AFDC DATA          PF6-FC DATA            PF9-UPDATE CASE
```

COMPLETING THE CASE

❖ **CASE STATUS** – Defaults to OPEN
❖ **IVD STATUS** -
   The IVD Type determines whether the case is enforced (IVD) or not enforced (NIVD). It automatically defaults to NIVD when using the 03 – INITIATE NON-IVD CASE option.
❖ **CO/UNIT** -
   NIVD Wage is 304
   State Case Registry is 308 **(Remains in development.)**
❖ **PROCESS STATUS** – COLL for NIVD cases. Updates required on Case Referral screen.
❖ **WORK/ENF STATUS** – Defaults to WORK for create cases
❖ **IS CLIENT COOPERATING?** – Y
❖ **DOES GOOD CAUSE EXIST?** – N
❖ **CFC PAYEE** – Y
❖ **CS42** – Defaults to N for NIVD cases
❖ **INTERSTATE STATUS** – Defaults to K. NIVD applies to Kentucky orders. The Interstate Code should not be R or I.

Note: In the conversion of NIVD Wage cases, the worker may find that a local collection agency is sending the payment to an agency in another state. If this occurs, the worker will need to determine if the case should be set up as IVD Interstate case or as NIVD Wage case. The type of case is determined by whether the case is an established Interstate case between the IV-D agencies in the two states. The worker may need to contact the other state to make this determination. In addition, since most states are establishing state disbursement units, the "Other State Number" for the R case may have changed. This number is provided as an identifier on the check stub for checks sent to other states.

```
ASEC8C      300x000                   K A S E S
11/20/99   09:34:51                  CREATE CASE
AP NAME    NIVD                      ABSENT PAR   MPI# 000.
CL NAME    NIVD                      CLIENT       MPI# 000%
LAST AUDIT DATE __/____ NEXT REV. DATE _____ AFDC/MA/FC CASE#
-------------------------------------------------------------------
TYPE       | STATUS  | EFF. DATE |
-------------------------------------------------------------------
CASE       | OPEN    | 11/20/1999 | AP RELATIONSHIP TO PROSECUTING WITNESS ____
IV-D       | NIVD    | 11/20/1999 | IS CLIENT COOPERATING? y
CO/UNIT    | 304     | INIT       | DOES GOOD CAUSE EXIST? n
PROCESS    | COLL    | 11/20/1999 | GOOD CAUSE REASON ____
WORK/ENF   | WORK    | 11/20/1999 | DETERMINATION DATE _____
WORK/ENF REVIEW DATE |            | PARENTAL MARITAL STATUS _  NOTES
CLOSED     |         |            | 3RD PARTY MED INS STATUS ____
INTERSTATE | K       |            | OTHER STATE IV-D # _____
WORKER     | 300x000 | 11/20/1999 | 3RD PARTY COLL. AGENT #
ORIG ACT   | ____    |            | CFC PAYEE  y   CS42 N  BYPASS ACC _
PREV IV-D  |         |            | PREV # _____   JCA KEY
ARREARS    | ____    |            | INTERSTATE FIPS          DOC _____
APPL REQUESTED _____   APPL SENT _____   APPL RECEIVED _____

PF2-CASE SUPLMNT   PF5-NOTES PROCESS   PF6-ADD ORDER     PF9-UPDATE CASE
PF10-REFER SUPLMT  PF11-CS33/KA125     PF15-GENETIC TEST PF16-JCA CASE INQ
```

CASE REFERRAL

❖ **PROCESS STATUS –**
   ❖ **CONVERSION OF EXISTING NIVD WAGE CASES -**
The payments will be converted by the employer. To the extent possible, all payments for an employer will be redirected at the same time. The effective date of the redirect must coincide with charging. The worker must manually change the process status from COLL to CONV, Conversion Process Status. The Process Status will be changed to Collection on the effective date of the redirect for the employer.
   ❖ **INITIATION OF NEW NIVD CASES -**
   NIVD – Defaults to COLL.
   State Case Registry is INIT. **(Remains in development)**
❖ **REFERRAL UNIT -**
   NIVD – defaults to ENFA.
   State Case Registry is INIT. **(Remains in development)**
❖ **WORKER ID -**
   NIVD Wage - Case assignments are identified with the Location Code 304. The responsible worker number is 304X plus the county number of the court that entered the order. For example, an order entered in a Franklin County court is assigned to worker number 304X037. WORKER MUST OVERRIDE THE SUGGESTED REFERRAL FROM 304X034 TO THE APPROPRIATE COUNTY.

   State Case Registry - Case assignments are identified with the Location Code 308. The responsible worker number is 308X, plus the county number of the court that entered the order. See example above.
   (Remains in development)

```
ASECRA     300x000              K A S E S
11/20/99  09:36:28            REFER   CASE
AP NAME    NIVD          ABSENT PAR   MPI #              |IV-D #
CL NAME    NIVD          CLIENT       MPI #              |WRKR #
-----------------------------------------------------------------------
         NOTE: ALL WORKLIST ITEMS ARE REMOVED ONCE CASE IS REFERRED

    CASE STATUS        OPEN           AP IN SPLS ON ANOTHER CASE
    CASE TYPE          NIVD           AP IS CURRENTLY EMPLOYED
    URESA TYPE         K              AP RESIDES OUT OF STATE
    LAST REFERRAL DT   11/20/1999     AP MAILING ADDRESS PRESENT
    COURT ORDER PRESENT N             CHILDREN REQUIRE PATERNITY   N
    IS MODIFICATION REQUIRED FOR:   OBLIGATION   N     MEDICAL INSURANCE     N
                   ----------------------------------------------
                   | REFERRAL DATA   | REFER TO  | REFER FROM |
                   |=================|===========|============|
                   | COUNTY LOCATION | 304       | 304        |
                   | PROCESS STATUS  | COLL      | COLL       |
                   | REFERRAL UNIT   | ENFA      | ENFA       |
                   | WORKER ID       | 304X034   | 300x000    |
                   ----------------------------------------------


ENTER-TEST REFER          PF2-COMPLETE CASE          PF5-TEST OVERRIDE
```

COURT ORDER DATA

Most order data is entered in the same manner for the NIVD case as for the IVD case, with attention to the following field data:

- ❖ PAY ORDER TYPE
  - NIVD - WAGE
  - State Case Registry - REGP
- ❖ BILLING INDICATOR – N defaults with WAGE Pay Order Type. N is used for NIVD case type.

```
ASEFOD    300x000              K A S E S
11/20/99  09:38:01           CREATE  ORDER
AP NAME NIVD                 ABSENT PARENT    MPI# 0(        IV-D#        ---
CL NAME NIVD                 CLIENT           MPI# 0(_____ WRKR#
PLAINTIFF/PETITIONER CLIENT_____ _ NIVD_____ ____ JCA KEY
DEFENDANT/RESPONDENT ABSENT PARENT__ NIVD_____ ____
FILE #       AOC151_____    ENTRY WORKER #  300x000   REBUTTAL RSN
COURT DATE   11/01/1999        COURT FIPS  21239         OS FIPS
ORDER TYPE   ORIG              COURT NAME      SOMEWHERE IN KENTUCKY_____
START DATE   11/01/1999        NEXT CHARGE DT
ENDING DATE  _____          PAY ORDER TYPE  WAGE CFC PAYEE  Y (Y/N)
NEXT REVIEW DATE _____      THIRD PARTY AGENT _____
PRORATABLE INDC _ (Y/N) PER/CHILD SHARE _____    SPOUSAL SUPP IND N (Y/N/S)
CRIMINAL SENTENCE ___ MONTHS   ___ DAYS   POUNDAGE INDICATOR _ (Y/N)
TERMS  1.  ____    2. ____   3. ____    4. ____   BILLING INDICATOR _ (Y/N)
-------------------------------  COVERED CHILDREN  ----------------- PAGE 0001
  Y  0002419253 NIVD                CHILD


LAST UPDATE              :  :   WORKER         ORDER NOTES    POSTING INST N

PF5-NOTES PROCESS   PF6-ORDER EXTENT    PF7-UP            PF8-DOWN
PF9-REFER CASE      PF11-POSTING INST   PF13-UPD CHILDREN
```

CREATING THE EXTENSION/SUBACCOUNT

❖ IRS INDICATOR – N for all NIVD cases (NIVD cases are not submitted for tax certification.)

❖ STATE TAX INDICATOR – N for all NIVD cases (NIVD cases are not submitted for tax certification.)

❖ WITHHOLDING INDICATOR –
    NIVD Wage - Y
    State Case Registry - N

❖ INTEREST INDICATOR – Defaults to N. Applies to all NIVD cases.

❖ AP REPORTED TO CRA INDICATOR – Defaults to N. Applies to all NIVD cases.

❖ REBUTTAL CODE – NONE. Applies to all NIVD cases unless documentation provided for other information.

```
ASEFOG     300x000                'K A S E S
11/20/99  09:40:18          CREATE ORDER EXTENSION
AP NAME NIVD                 ABSENT PARENT    MPI#            IV-D:
CL NAME NIVD                 CLIENT           MPI# (          WRKR:
FILE #    AOC151
EXTENSION TYPE   CSUP                    EXTENSION STATUS  OPEN
PAYEE ACCOUNT #                          OTHER STATE FIPS
START DATE       11/01/1999              END DATE          12/31/2099
         ===================  ======================================
         |                  | EXISTING ORDER |   NEW ORDER   |
         |  CHARGE FREQUENCY |              |           wkly |
         |  FREQUENCY AMOUNT |      $0.00   |   100.00      |
         |  FREQUENCY AMT DUE|      $0.00   |        0.00   |
         |  CURRENT BALANCE  |      $0.00   |               |
         |  ADJUSTMENT AMOUNT|              |               |
         ===========================================================
IRS INDC    N     DEFERRED AMT/FREQ          /
STTE INDC   N     DEFERRED START DT              GUIDELINE DEVIATION
WITHHOLD    Y     DEFERRED END DATE              REBUTTAL CODE  NONE
INTEREST    N     PAID TO DATE AMT               NEXT REVIEW DATE
AP REPORTED TO CRA INDICATOR  N LAST UPDT 11/20/1999 094018
-------------------------------------------------------------------

PF2-RETRO WRK SCR          PF9-CONFIRM              PF6-SELECT AGENCY
```

The worker must manually change the following indicators for the NPA1A Extension/Subaccount:

❖ WITHHOLDING INDICATOR –
  NIVD Wage – Y (WAGE payments will not apply to accounts with N Withholding.)

```
ASEFOG    300x000              K A S E S
11/20/99  09:41:28       CREATE ORDER EXTENSION
AP NAME NIVD             ABSENT PARENT    MPI#            IV-D#
CL NAME NIVD             CLIENT           MPI#            WRKR#
FILE #    AOC151
EXTENSION TYPE   NPA1A                EXTENSION STATUS   OPEN
PAYEE ACCOUNT #                       OTHER STATE FIPS
START DATE      11/01/1999            END DATE           12/31/2099
           ============================================================
           |                    | EXISTING ORDER | NEW ORDER |
           | CHARGE FREQUENCY   |                |           |
           | FREQUENCY AMOUNT   |        $0.00   |           |
           | FREQUENCY AMT DUE  |        $0.00   |     0.00  |
           | CURRENT BALANCE    |        $0.00   |           |
           | ADJUSTMENT AMOUNT  |                |           |
           ============================================================
IRS INDC   Y    DEFERRED AMT/FREQ              /
STTE INDC  Y    DEFERRED START DT        GUIDELINE DEVIATION
WITHHOLD   Y    DEFERRED END DATE        REBUTTAL CODE
INTEREST   N    PAID TO DATE AMT         NEXT REVIEW DATE
AP REPORTED TO CRA INDICATOR  N LAST UPDT 11/20/1999 094128
-----------------------------------------------------------------------
     W: TO UPDATE FREQ AMT, ENTER BOTH AMT AND CHARGE FREQ
PF2-RETRO WRK SCR          PF9-CONFIRM            PF6-SELECT AGENCY
```

NIVD CASE ACCOUNT STATEMENT

```
ASEFAA    300x000              K A S E S           LAST           PAGE    1
11/20/99  09:42:39        CASE ACCOUNT STATEMENT    STORED  10/22/99  NO MORE
AP NAME NIVD              ABSENT PARENT    MPI# |           | IV-D#
CL NAME NIVD                 CLIENT        MPI# 00__        | WRKR# __ __120
PAY ORDER TYPE   WAGE      AUDITED   __/____   FILE # AOC151        CO. # 304
ORDER START DT  11/01/1999    END  12/31/2099 OTHER STATE #
ARREARS STATUS         TYPE CASE  FUNDS PD    CSUP        /    NPA1A
          STATUS  RLSE          WITH          OPEN        /    OPEN
       FREQUENCY                              WKLY
       ACCOUNT #   000         NO SUBACCT  0002419250  0002419250
JCA KEY                              $0.00      $500.00      $0.00
          DUE BY  12/01/1999         +0.00     +500.00      +0.00
CHRG THRU DT/DAY-WK PAYMNT DUE               12/05/99 MO
01 11/20/1999  BAL       +0.00       +0.00    +500.00      +0.00
02 11/20/1999  ORD       +0.00       +0.00    +500.00      +0.00
-- 11/01/1999  SOM       +0.00       +0.00      +0.00      +0.00




ENTER LINE NUMBER TO SEE DETAIL OR HISTORY __    STARTING DATE 11/20/1999
M: 002 SUBACCOUNT COLUMNS WERE BUILT FOR DISPLAY
ENTER-SELECT        PF2-PRINT          PF6-CONFIRM      PF7-UP
PF8-DOWN            PF9-FIRST PAGE     PF10-PAGE LEFT   PF11-PAGE RIGHT
```

NIVD CASE INFORMATION

```
ASEC6A    300x000              K A S E S           IV-D #
11/20/99  12:28:38         DISPLAY CASE INFORMATION   PREV #
AP NAME   NIVD            ABSENT PAR    MPI # ~~~              N
CL NAME   NIVD             CLIENT       MPI #                 N
--TYPE--|--STATUS--|--EFF DATE--|JCA KEY           AFDC/MA/FC CASE#
CASE    | OPEN     | 11/20/1999 |--CHILDREN/RELATIVES---  ---DOB--- SEX REL A/I
IV-D    | NIVD     | 11/20/1999 | NIVD          CHILD               U  CHLD A
CO/UNIT | 304      | ENFA       |
PROCESS | COLL     | 11/20/1999 |
WORK/ENF| WORK     | 11/20/1999 |
INTERSTE|   K      | 11/20/1999 |
WORKER  | 304X120  | 11/20/1999 | ORIG ACT      CFC PAYEE  Y  DOES GC EXIST? N
ARREAR  |          |            | PARENTAL MAR STATUS    AP REL. TO PW
OTHR ST IVD#           INT/RES FIPS (DOC GEN)         (AGENCY)
---------- AP ADDRESS ------------ | -------- CLIENT ADDRESS ----------
STREET1 INPUT AP                   | STREET1 ADDRESS MUST BE
STREET2 ADDRESS IF        APT#     | STREET2 KNOWN FOR THE        APT#
CITY KNOWN          STATE KY       | CITY NIVD CLIENT       STATE KY
ZIP 40000      PHONE               | ZIP 40000       PHONE
VERIFIED DT.          CT ACT FILED? Y   TYPE ORIG (IF "Y",PF10)  NOTES N
APPL REQUESTED          APPL SENT              APPL RECEIVED

PF2-CASE SUPLMNT    PF5-NOTES INQUIRY  PF10-REFER SUPLMT  PF11-CS33/KA125
ENTER-CONTINUE      PF15-GENETIC TEST  PF16-JCA CASE INQ
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CLOSING EXISTING IV-D WAGE WITHHOLDING CASES

If the custodial parent in a IV-D case requests case closure, child support staff cannot direct the employer to send the income withholding payment directly to the custodial parent.

The custodial parent must be advised that although he or she has requested case closure, support payments paid by wage assignment must continue to come through the Cabinet for Families and Children, per federal and state law. Discontinuing IV-D services means that the Cabinet will no longer monitor the case for delinquency or provide enforcement services.

If the custodial parent still wants to discontinue IV-D services, the IVD Type can be changed to NIVD if:

❖ the case does not require the establishment or enforcement of medical support for an active Medicaid case;
❖ the case does not include any arrearage balances owed to Kentucky (AFDCA, MEDIA, or Foster Care); and
❖ the case does not include any arrearage balances owed to another state.

If medical support must be established or enforced by child support staff, the IV-D case remains open in MA Case Type for KASES monitoring. It is possible for a private attorney to handle the parties' monetary support, which would be considered NIVD Wage Withholding. A duplicate NIVD case is established for the participants, and the support order is added to the NIVD case for payment distribution.

If arrearages are owed to Kentucky or another state, the IV-D case remains open in ARRP Case Type for KASES monitoring. A duplicate case must be set up for the NIVD case. Verified NPA arrearages are deleted from the IVD case and added to the NIVD case. Although the child support agency is not required to maintain balances on NIVD cases, DCS may be receiving payments on these balances. Retaining the verified NPA balance information will assist in the correct allocation and distribution of these payments.

AOC-151 Doc. Code: OWA Rev. 9-99 Commonwealth of Kentucky Court of Justice _____ Plaintiff/Petitioner SSN_____-_____-_____ vs. _____ Defendant/Repondent SSN_____-_____-_____	**WAGE/BENEFIT WITHHOLDING** **ORDER FOR KENTUCKY EMPLOYERS**	COMMONWEALTH OF KENTUCKY County _____ ❑ District Court ❑ Family Court ❑ Circuit Court Case No. _____ IV-D Case No. _____

Pursuant to KRS 405.465 and 205.710, **IT IS HEREBY ORDERED** as follows:

1. Beginning no later than the first pay period after the receipt of this Order, the employer of _____ shall withhold from the employee's wages/benefits[1] the following sum:

$_____ per week if employee is paid weekly; or $_____ semi-monthly if employee is paid twice per month; or

$_____ bi-weekly if employee is paid every two weeks; or $_____ per month if employee is paid monthly.

2. **Within 7 working days** the employer shall pay the withheld amount to:

   Division of Child Support
   Centralized Collection Unit   **(Make the payment payable to**
   P.O. Box 14059   **Division of Child Support)**
   Lexington, Kentucky 40512

   Please show employee's social security number on the payment.

3. This Withholding Order is based on the following monthly child support obligation of the employee:
   A. Current monthly child/medical support: $_____
   B. Monthly payment on child support arrearage $_____
      MONTHLY AMOUNT TO BE WITHHELD: $_____

4. The amount withheld shall not exceed _____%[2] of employee's disposable earnings.

Entered: _____   Judge: _____

THIS ORDER PREPARED BY:	CHILD(REN) NAME(S)	DOB	SOC. SEC. NO.
_____ _____ _____ _____ TEL. No. ( )_____-_____ **CALL PREPARER IF YOU** **HAVE ANY QUESTIONS** **ABOUT THIS ORDER**	_____ _____ _____ _____ _____	__/__/__ __/__/__ __/__/__ __/__/__ __/__/__	___-__-____ ___-__-____ ___-__-____ ___-__-____ ___-__-____

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the above Order was mailed or delivered to the following:

Original (white)   (canary copy)   (blue copy)
Cabinet for Families & Children-   Employer _____   Employee _____
by placing a copy in the County   _____   _____
Attorney's Wage Withholding Order   _____   _____
Box in the Circuit Clerk's Office.

This _____ day of _____, _____.

                                        By: _____
                                        ❑ PREPARER (if preparer is an attorney)   ❑ CLERK (if preparer is not an attorney)

NOTE: The preparer of this order shall complete the CERTIFICATE OF SERVICE above and is responsible for the service of this order. If the preparer is not an attorney, the preparer MUST deliver to the Circuit Court Clerk properly addressed, stamped envelopes so the Clerk may mail the copies of the order.

The following information only for use of CABINet for FAMILIES & CHILDREN ▶

DOMESTIC VIOLENCE CLAIMED ❑ YES ❑ NO	Recipient's Name & Address Name: _____ Address: _____ _____ _____

COPY DISTRIBUTION: WHITE-Cabinet for Families & Children   CANARY-Employer   PINK-Court File   BLUE-Employee   GOLD-Recipient
ADDITIONAL INFORMATION AND INSTRUCTIONS ON REVERSE SIDE

AOC-FC-3
Rev. 11-99
Commonwealth of Kentucky
Court of Justice
☐ Minor Children Involved
☐ Protective Order Issued For:
    ☐ Petitioner
    ☐ Respondent

☐ CIRCUIT ☐ DISTRICT
☐ FAMILY COURT
CASE DATA INFORMATION SHEET

For Office Use Only

Case #: _____

County / Division: _____

PETITIONER:

Name: _____

Address: _____

_____

_____

Telephone: (_____) _____

DOB: _____

SSN: _____

Relationship to Respondent: _____

RESPONDENT:

Name: _____

Address: _____

_____

_____

Telephone: (_____) _____

DOB: _____

SSN: _____

Relationship to Petitioner: _____

For ALL OTHER PARTIES to this case: please list below the name, current address, date of birth (DOB), social security number (SSN), and relationship to the Petitioner, of any other parties to this action, or children of the Petitioner or Respondent. If there is not enough room below, please attach a separate sheet with all the information requested.

OTHER PARTIES / CHILDREN:

Name: _____

Address: _____

_____

_____

Telephone: (_____) _____

DOB: _____

SSN: _____

Relationship to Petitioner: _____

Name: _____

Address: _____

_____

Telephone: (_____) _____

DOB: _____

SSN: _____

Relationship to Petitioner: _____

Name: _____

Address: _____

_____

_____

Telephone: (_____) _____

DOB: _____

SSN: _____

Relationship to Petitioner: _____

Name: _____

Address: _____

_____

Telephone: (_____) _____

DOB: _____

SSN: _____

Relationship to Petitioner: _____

Please list any / all cases, pending, or heard within the last five (5) years, that have involved the parties or children of the parties in Family, District or Circuit Court. Please provide the case number, name of party and type of case: _____

_____

_____

┌─────────────────────────────────────┐
│ **This form shall be completed in full,** │
│ **pursuant to local rule and in** │
│ **compliance with federal law.** │
└─────────────────────────────────────┘

_____
·Signature of Preparer / Relationship to Petitioner

Print Name: _____

Address: _____

_____

Phone: (_____) _____

DISTRIBUTION: Cabinet for Families and Children, placing a copy in the County Attorney's Wage Withholding Order Box in Circuit Clerk's Office